

FILED JAN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

951

BIRTH NO.		REG. DIST. NO. <u>138</u>		PRIMARY REG. DIST. NO. <u>5531</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Hickory</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence-before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermitage-Center-T.S. 11415</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermitage-Rural-Center-T.S. 0415</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile North Hermitage</u>				d. STREET ADDRESS (If rural, give location) <u>1 mile North Hermitage</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>Valentine</u>		c. (Last) <u>Bartshe</u>	
4. DATE OF DEATH		(Month) <u>JAN</u>		(Day) <u>9</u>		(Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 12-1869</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work demanding most of working life, even if retired) <u>Streetcarman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Streetcarman</u>		11. BIRTHPLACE (State or foreign country) <u>Hickory County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Bartshe</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca</u>		14. NAME OF HUSBAND OR WIFE <u>Lester Bartshe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>121</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lester Bartshe-Hermitage, Mo</u> ADDRESS <u>70</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy of Brain</u> ANTECEDENT CAUSES <u>Hypertension</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>334X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 12, 1950</u> , to <u>Jan 9, 1951</u> , that I last saw the deceased alive on <u>Jan 8, 1951</u> , and that death occurred at <u>12:05</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. E. P. Briggs</u>		23b. ADDRESS <u>Dr. W. H. Whitcomb, Mo</u>		23c. DATE SIGNED <u>1-9-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 11-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hermitage Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hermitage, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 12, 1951</u>		REGISTRAR'S SIGNATURE <u>W. F. Dargatz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Whitcomb</u> ADDRESS <u>Whitcomb</u>			

(Licensed Embalmer - Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-24-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Chas. Gilbert Peterson

Licensed Embalmer No. 42671

P. O. Address *Wheatland, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.